

FILED FEB 24 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No.

286

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4423 N. 19th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Augusta Horn,

3. (b) If veteran, name war. No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Julius Horn 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased. Nov. 10th, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 29 hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business.

12. Name Amond Vogel 4
13. Birthplace Germany. (City, town, or county) (State or foreign country)
14. Maiden name Rosa Franz 4
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Julius F. Horn
(b) Address 4423 North 19th Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director H. Leidner Und. Co
(b) Address 2223 St. Louis Ave.

19. (a) JAN 11 1942 (Date received local registrar) (b) J. P. Muesel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County.....
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 4423 N. 19th. St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1941 to Jan 9, 1942
that I last saw him alive on Jan 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Arteriohypertension
Angina Pectoris
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature H. Leidner Und. Co (M. D. or other)
Address 203 Broadway Bldg Date signed 1/9/42

R. H. Embalmers
3720 Washington Blvd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John P. Buckholz
Licensed Embalmer No. 1674
P. O. Address 2723 St Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.